



ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR A FINGERPRINT CLEARANCE CARD
REQUIRING IDENTITY VERIFIED PRINTS (IVP)

Applicant Clearance Card Team ☎ (602) 223-2279

Mailing address: P.O. Box 18390, Phoenix, AZ, 85005-8390

Physical address: 2320 N. 20th Ave. Phoenix, AZ 85009

Visit www.azdps.gov/services/fingerprint for FAQ's or to check the status of your application.

APPLICATION NUMBER



IVP 0659070

FEB 22 2017 10351

Type or print all information in blue or black ink. All fields marked with a * are required. Reproductions will not be accepted.

*Your Full Legal Name (Last, First, Middle)-Print clearly Stringer, David H		Social Security Number [REDACTED]		Phone Number w/Area Code [REDACTED]	
*Date of Birth [REDACTED]	*Race White	*Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	*Height 5'8"	*Weight 170	*Eye Color Brn
*Complete mailing address (last, first, middle)-Print clearly [REDACTED]		*Hair Color Brn	*Place of Birth Alaska		
Name of Employer, Agency or School-Print clearly (If unknown or student leave blank) none		*Zip Code [REDACTED]			
Employer, Agency or School's Mailing Address-Print clearly none		City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Applicant's Signature [Signature]		*Date 2/22/17		[REDACTED]	

*Check the box to indicate why you are applying. Application can not be processed without this information.

<input checked="" type="checkbox"/> Department of Education Certification (Teacher or Other) ARS §15-534 (Fee is \$67.00)	<input type="checkbox"/> Tutor or Teacher Preparation Programs ARS §15-534	<input checked="" type="checkbox"/> Charter School Instructor ARS §15-183	<input type="checkbox"/> Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees ARS §15-512	<input type="checkbox"/> Public and/or Charter School Non-certificated personnel ARS §15-512
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☒ Check here if paid employee. Fee is \$67.00 ☐ Check here if volunteer. Fee is \$65.00

Fee must be in the form of a money order, cashier's check, check drawn on a business account made payable to "DPS", or a State of Arizona Companion Transaction Entry/Transfer.
DPS does NOT accept cash, personal checks, debit or credit cards.

If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. Fees are subject to change and are not refundable per A.R.S. § 41-1750.J.

☐ Check this box if this is an IVP renewal application and follow the instructions below ↓

If you previously submitted an IVP application, and were issued a clearance card with an IVP # on the front of the card, and this is a renewal IVP application, we have your Identity Verified Prints on file. You are not required to submit a new set of fingerprints with this application.

However, you must provide the IVP # noted on the front of your previous clearance card in the box below for identification purposes to allow DPS to retrieve your prints to process with this application.

IVP [] [] [] [] [] [] [] []

*Previous IVP Number
Complete the top portion of the application and return it to DPS with the appropriate fee in the envelope provided.

NOTE: If your previous clearance card has the notation "IVP#:" See back of card" you must follow the instructions in the box to the right and submit a new set of prints with you renewal application. →

IVP Instructions for Applicant

Pursuant to ARS §15-106 you are required to provide the following items to the law enforcement agency, school district, charter school or other entity that will be taking your prints:

- ☐ This application with the top portion completed.
- ☐ The included blank fingerprint card.
- ☐ The appropriate fee noted above for this application made payable to DPS.
- ☒ Photographic Identification.
- ☐ The included blue postage paid return envelope.

NOTE: There may be an additional fee to have your Identity Verified Prints taken.

IVP Instructions for Fingerprint Technician

Pursuant to ARS §15-106 you are required to:

- ☐ Ensure the applicant provides the items noted in box above.
- ☐ Verify the identity of the applicant through recognized means of photographic identification and a comparison of the demographic information on the photographic identification against the demographic information on the application form and fingerprint card. (If using a liveness with the ability to print demographic information on the fingerprint card, do so. Otherwise, have the applicant fill out the demographics on the fingerprint card.)
- ☐ Identify the type of photographic identification presented by the applicant below.
- ☐ Place the completed fingerprint card, completed application form (and/or any other form required by the DPS) and the fee provided by the applicant in the provided postage paid blue envelope and mail to DPS.

*Name of Fingerprint Technician (print clearly) Evan Rodriguez Vazquez	*Fingerprint Tech's Agency, School or Company Name (print clearly) AZ DPS
*Type of Photographic Identification Provided (If "Other," please specify) <input checked="" type="checkbox"/> Driver's License / Government Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Other:	
*Date 2.22.17	

AccTrak		Card Number	M. PCN		Name: STRINGER, DAVID		Process Complete	
Applicant Information								
02-22-2017		IVP0659070		STRINGER		DAVID		H ps10351 02-22-2017
Date Rcvd	PCN	Application #	Last Name		First Name		MI	Badge Date Entrd
SSN	Phone	Ext	Birthdate	Race	Sex	Hgt	Wgt	Eyes
				W - Whit	M	5 08	170	BRO
								BRO
								AK
								POB
Mailing Address			Identity Verification					
Street			IVAN RODRIGUEZ URQUIE					
Street 2			Technician					
City			AZDPS					
State			Company					
ZIP			<input checked="" type="checkbox"/> DOE Certification <input type="checkbox"/> Tutors/Teachers Prep <input checked="" type="checkbox"/> Charter School Instructor <input type="checkbox"/> Pub/Chtr Sch Non-Cert <input type="checkbox"/> Pub/Chtr Sch Vendor <input type="checkbox"/> Bus Driver					
Email			LICENSE <input checked="" type="checkbox"/> Photo Id Type					
			2/22/2017 Date					
			ARN 2A50434371 Master IVP IVP0659070 Name Search Pending 6 months pend. Reprint:					
Current Employer Information								
Employer / Contact								
Street								
Street 2								
City								
State								
ZIP								
Phone								
Badge								
Date Chngd								
Applicant Address Updated Comment			Applicant Employer Updated Comment					

Fees		Sponsors		Employers		Addnl Fees		Missing Edits	
Deposit #	Deposit Date	Recon #	Recon Date	Fee Date					
DA170266	02-23-2017	59846	02-22-2017	02-22-2017					
Fee Type	Fee Amt	Amt Due	Amt Paid	E-Trans	Disable				
STANDARD	67	67.00	67.00	<input type="checkbox"/>	<input type="checkbox"/>				
Name		No #	Date	Amt					
US POST OFC		2425560	02-22-2017	\$67.00					
Add		Edit	Del	View 1 - 1 of 1					
Save		New		IVP Renewal					
Bypass Rap Back <input checked="" type="checkbox"/>									

PCN List	
<input checked="" type="checkbox"/> Extra FP Card(s) w/App <input type="checkbox"/> Applicant can not be FP <input type="checkbox"/> Multiple <input type="checkbox"/> Mail Addr. <input type="checkbox"/> Same Employer	

AccTrak Card Number: M. PCN: Name: **STRINGER, DAVID** Process Complete

State Offenses

- ☐ Recordable AZ Criminal Hist
☐ Non-Recordable AZ Criminal Hist
☒ No Criminal History

SID

SOPN

Date Rcvd 02-22-2017

Date Sent 02-22-2017
to FBI

✓ **DONE** State Entered by PSAFRP

Offense	Arrested
No records to view	

Add Edit Delete

FBI Offenses

- ☐ Recordable FBI
☐ FBI Same as State
☐ Non-Recordable FBI
☒ No FBI Criminal History

FBI ID

Date Rcvd 02-22-2017

✓ **DONE** FBI Entered by PSAFRP

Process Completed by ps10277

Offense	Arrested
No records to view	

Add Edit Delete

Print Letters: ☒ On
☐ Off

Save

Name Search Pending

Bypass Rap Back